

## HCV Treatment Pre-Authorization Form

Offender Name:	Today's Date:	
JO / AO#:	Offender DOB:	
DOC Facility:	Parole Eligible Date:	Discharge Date:
BOPP Review:	Next BOPP:	
Provider's Name/Specialty:	Provider's Phone #:	Provider's Fax #:
Mental Health Provider's Name:	Mental Health Provider's Phone #:	
<b>Requested Drug Regimen and Total Treatment Duration:</b>		

**I. Offender Readiness Criteria (Check boxes to indicate offender acknowledgment):**

Offender psychosocial readiness is a critical component for Hepatitis C treatment success. It is important that any potential impediments to the effectiveness of treatment have been identified and that a plan for dealing with these impediments has been developed. The offender must be educated that abuse of alcohol may cause further liver damage and that abuse of IV injectable drugs may increase the risk of re-infection of Hepatitis C if the virus is cleared. Given the high cost of Hepatitis C treatment, we want to ensure that both the provider and the offender feel that the offender is committed to effectively start and successfully adhere to treatment.

- ☐ 1. Offender must not have a history of alcohol abuse, injectable drug abuse, and/or other controlled-substance abuse for at least 24 months prior to approval of Hepatitis C treatment.
- ☐ 2. Offender has successfully completed substance abuse treatment. Offender involvement in a support group or counseling is highly encouraged for successful abstinence.
- ☐ 3. Offender agrees to illicit drug screening at the provider's discretion before and during treatment.
- ☐ 4. Offender is expected and agrees to refrain from injectable drug abuse and/or alcohol use upon release from incarceration.
- ☐ 5. Offender has no evidence of HCV risk behavior or correctional issues, including prison tattoos, in previous 6 months.
- ☐ 6. Offender has consistently worked their program and is making progress OR Offender has successfully completed all requirements of their program to be considered eligible for Hepatitis C treatment.
- ☐ 7. Offender has at least a 6 month history of cooperation with provision of other secure facility services.
- ☐ 8. Offender must be compliant with all current medications that are being prescribed for all disease states/conditions to be considered eligible for Hepatitis C treatment.
- ☐ 9. Offender must have a history of compliance with scheduled appointments/labs to be considered eligible for Hepatitis C treatment.
- ☐ 10. If offender has mental health conditions, offender must be compliant with mental health medications and/or psychotherapy.

- ☐ 11. If offender has mental health conditions that are not currently being treated, then a mental health consult to assess for offender readiness will be required before Hepatitis C treatment can begin.
- ☐ 12. All medical and mental health concerns have been addressed and corrected if necessary.
- ☐ 13. Female offenders have been counseled regarding the need to avoid pregnancy for at least 6 months after cessation of treatment, and agree to avoid pregnancy for at least 6 months after cessation of treatment (two methods of birth control used simultaneously).
- ☐ 14. Offender is well informed regarding the disease and proposed therapy.
- ☐ 15. Offender is willing and competent to sign informed consent for treatment.

**Offender signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chronic Care RN signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mental Health signature (required if '11' checked):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **II. Provider Summary to Support Treatment Request:**

## **III. Clinical Requirements:**

Attach all supporting documentation.

### **1. Required Labs (attached):**

- ☐ Hepatitis C Genotype (and subtype if applicable):
- ☐ Current (last 6 months) quantitative HCV RNA:
- ☐ FibroSure/FibroTest:
- ☐ CBC & CMP:
- ☐ Liver Panel (including AST, ALT, direct bilirubin, total bilirubin, and alkaline phosphatase):
- ☐ INR:
- ☐ HAV, HBV, HIV:
- ☐ FibroScan or UltraSound:

### **2. Liver Assessment:**

1. Liver Fibrosis Stage: F0 F1 F2 F3 F4

2. If **F4** (cirrhotic), determine the Child Pugh Grade:

Assessment Parameter	Possible Points			Points Assigned
	1	2	3	
1. Ascites	Absent	Slight	Moderate	
2. Bilirubin, total (mg/dL)	1.0-2.0	2.0-3.0	>3.0	
3. Albumin (g/dL)	>3.5	2.8-3.5	<2.8	
4. Prothrombin Time -Seconds prolonged OR -International normalized ratio (INR)	1.0-4.0 <1.7	4.0-6.0 1.7-2.3	>6.0 >2.3	
5. Encephalopathy Grade 0-no abnormality detected 1-shortened attention span, impaired addition & subtraction skills, mild euphoria/anxiety 2-Lethargy, apathy, disoriented to time, personality change, inappropriate behavior 3-Somnolence, semi-stupor, responsive to stimuli, confused when awake, gross disorientation 4-Coma, little or no response to stimuli, mental state not testable	None	Grade 1-2	Grade 3-4	

**Child Pugh Grade** (as determined from total points):

- Child Pugh A (Mild; **Compensated cirrhosis** = 5-6)
- Child Pugh B (Moderate; Significant functional compromise; **Decompensated cirrhosis** = 7-9)
- Child Pugh C (Severe; **Decompensated cirrhosis** = 10-15)

3. Does offender have a co-infected/-morbidity diagnosis? (i.e. HBV, DM, etc) Yes No

If yes, please describe: \_\_\_\_\_

4. Does offender have any *severe* extrahepatic manifestations? Yes No

If yes, please describe: \_\_\_\_\_

**3. Offender History:**

- ☐ Provider chart notes are attached, including work up to rule out other causes of liver disease or behaviors (i.e. acetaminophen ingestion) that might be exacerbating condition.
- ☐ Provider chart notes are attached, including documentation of review of exclusion criteria.
- ☐ List any previously tried Hepatitis C treatments, dates treated, and response: \_\_\_\_\_
- ☐ Attach MAR with any prescription, over-the-counter medications or nutritional/herbal supplements that offender is currently taking.

**IV. CSD HCV Treatment Category (circle or highlight):**

- I. Never infected, HCVAB–;
- II. Infected but not viremic, HCVAB+/virus– (i.e. "cleared");
- III. HCVvirus+, but anticipated incarceration too short for treatment and/or treatment not desired;
- IV. HCVvirus+ but no or slow progression anticipated; or
- V. HCVvirus+ and potential treatment candidate.

**V. Authorization Limitations:**

1. Approval will be granted per FDA-approved labeling for each individual drug (dose and duration of treatment).
2. Medication compliance is essential for successful treatment. Provider attests that offender will be monitored throughout therapy for compliance (Directly Observed Therapy) and safety, and will immediately report to MPQH and CSD Managed Care RN non-compliance or safety issue(s).
3. Provider attests that SVR 12 results will be reported to CSD Managed Care RN.

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete form, attach documentation, and:**

**Email to CORMedical@mt.gov**

**For assistance in completing this form, please contact CSD Managed Care RN  
at 406.444.4761 / 406.444.1503 or CORMedical@mt.gov**

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**CSD/MOPH Use Only**

**Date received:**\_\_\_\_\_

**Managed Care RN Determination:**\_\_\_\_\_

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**MRP Determination:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**MRP #2 Determination:**\_\_\_\_\_ **Date:**\_\_\_\_\_

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**MPQH Review**

**Date:**\_\_\_\_\_

- ☐ **Recommend approval as submitted**
- ☐ **Recommend approval subject to:**

\_\_\_\_\_  
\_\_\_\_\_

- ☐ **Recommend disapproval**

**Rationale:** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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